

## APPLICATION FOR PLANNED UNIT DEVELOPMENT (PUD)

**1) Applicant**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Office \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Interest: \_\_\_\_\_

**2) All Parties Of Interest (Title Holder, Contract Purchaser, Partners): Include for each.**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

**3) Designer: (Registered Engineer, Architect, Surveyor, Landscape Architect or Planner)**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

**4) Other Consultants:**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

**5) General Property Information and Description:**

**General Location:** \_\_\_\_\_  
**Acreage:** \_\_\_\_\_  
**Sidwell Number:** 07- \_\_\_\_\_  
**Legal Description:** \_\_\_\_\_  
 (attach metes and bounds description where applicable)

**6) Current Zoning:** \_\_\_\_\_

**7) Purpose Of Request And Intended Use:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8) PUD Criteria:** As a condition to being entitled to planned unit development treatment, the applicant shall demonstrate that the criteria set forth in Springfield Township Code of Ordinances, Chapter 40, Section 513-Section 521 are met. A typed narrative fully responding to the criteria shall be attached to this completed application.

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**CERTIFICATION:** I, the undersigned, state that the foregoing answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief. I hereby certify that I have read and understand the criteria for Planned Unit Developments and have reviewed the Springfield Township Code of Ordinances regarding the Planned Unit Development Districts. I also hereby grant permission to any Township official, consultant or employee to access the property in order to review the proposal submitted.

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Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 (Print Name)

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 (Print Name)

**For Township Use Only**

**Date Received** \_\_\_\_\_ **File No.** \_\_\_\_\_ **Fee Paid \$** \_\_\_\_\_